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CONFIRMATION NO. 9911

<b>SERIAL NUMBER</b> 10/626,007	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> RADNT-008G3
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/138,830 08/24/1998 PAT 6,620,188 which is a CIP of 08/584,013  
 01/08/1996 PAT 5,837,003 \*  
 which is a CIP of 08/324,853 10/18/1994 PAT 5,486,208  
 which is a CON of 08/015,774 02/10/1993 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 04/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Robert D. Buyan</i> Examiner's Signature Initials				

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**TITLE**

Methods and apparatus for regional and whole body temperature modification

<b>FILING FEE RECEIVED</b> 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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